

## NON-COMPLIANCE STATEMENT AND CORRECTION PLAN

CORRECTION PLAN TO BE RETURNED BY: \_\_\_\_\_ (date)

**Provider complete white copy and return to Certifier. Provider retain yellow copy. Certifier retain bottom pink copy.**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]

**Instructions:**

**Certifier:** List non-compliance statements by item number and the child day care certification standards and checklist rule number using additional forms if necessary. Retain ply 3 (pink copy) and send remainder of form to certified provider.

**Certified Provider:** List correction plan and expected completion date for each non-compliance. Return ply 1 (white copy) to Certifier for approval and retain ply 2 (yellow copy).

Provider Name	Date of Certification Visit	Page _____ of _____
Provider Location (Street Address, City, State, Zip)	Phone Number (      )	

Certifier			Provider			Certifier
Item No.	No. From Standard & Checklist	Non-compliances Statement	Correction Plan	Expected Completion Dates	Verification Dates	

Signature - Certifier	Date Signed	Signature - Provider	Date Signed
Certifier Phone Number (      )		Number to call to file a complaint (      )	

**NOTE: Failure to timely submit an appropriate corrective plan approved by the Certifier may result in financial disallowance and/or certification enforcement action.**